



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

07 JUL 27
CANDIDATE STATEMENT
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FILED

07 JUL 27 PM 4:45

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 5 25 07 to 7 22 07
Mo Day Year Mo Day Year

1. Committee I.D. Number

137957

2. Committee Name

CTE CHRISTINE M. CIARAMITARO
WARREN CITY COUNCIL

4. Candidate Last Name

First Name

M.I.

CIARAMITARO CHRISTINE M.

4a. Office Sought Including District # or Community Served (If applicable)

WARREN CITY COUNCIL

4b. County of Residence

MACOMB

5. Committee's Mailing Address

8663 Chicago Rd.
WARREN, MI 48093
Area Code and Phone 586-826-3527

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

GASPER CIARAMITARO 8663 Chicago Rd.
WARREN, MI 48093
Area Code & Phone 586-826-3527

7. Treasurer's Business Address

SAME AS #6

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary☐ General☐ Convention☐ School☐ Special☐ Caucus

Date of Election, Convention or Caucus

8 7 07
Month Day Year9c. ☐ Annual Statement () Coverage Year)9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

GASPER CIARAMITARO Gasper Ciaramitaro

Date

7 27 07
Mo Day Year

Candidate

CHRISTINE CIARAMITARO Christine Ciaramitaro

Signature

Date

07 27 07
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

131721

2. Committee Name

CTE CHRISTINE CIARAMITARO

FILED

FRI 4:15

JUL 27 2007

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS

3. Contributions

- a. Itemized (Schedule 1A - Column 6)
- b. Unitemized (less than \$20.01 each - no Schedule)
- c. Subtotal of "Contributions"
4. Other Receipts (Schedule 1A -1, Column 6)

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

EXPENDITURES

8. Expenditures

- a. Itemized (Schedule 1B, Column 6)
- b. Itemized Get-Out-the-Vote (Schedule 1B-G)
- c. Unitemized (less than \$50.01 each - no Schedule)
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)

10. Disbursements
- a. Itemized (Schedule 1C, Column 6)
- b. Unitemized (less than \$50.01 each - no Schedule)
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

DEBTS AND OBLIGATIONS

12. Debts and Obligations
- a. Owed by the Committee (Schedule 1E)
- b. Owed to the Committee (Schedule 1E)

Column I
This Period

Column II
Cumulative this election cycle

(3a.) \$ 0

(3b.) \$ NOT APPLICABLE

(3c.) \$ 0

(4.) \$ 0

(5.) \$ 0

(18.) \$

(19.) \$

(20.) \$

(6.) \$ 800.00

(7.) \$ 0

(21.) \$

(22.) \$

(8a.) \$ 0

(8b.) \$ 0

(8c.) \$ 0

(9.) \$ 800.00

(23.) \$

(10a.) \$ 0

(10b.) \$ 0

(11.) \$ 0

(24.) \$

(12a.) \$ 0

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)
14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)
15. SUBTOTAL Add lines 13 and 14
16. Amount expended during reporting period
(Add lines 9 and 11)
17. ENDING BALANCE
(Subtract line 16 from line 15)

(13.) \$ 0

(14.) + \$ 0

(15.) = \$ 0

(16.) - \$ 800.00

(17.) \$ 0



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 1379572. Committee Name CTE CHRISTINE CIARAMITARO

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	PERSONAL CREDIT CARD 7-12-07 6. Name & Address of Vendor from whom goods or services were purchased <u>SERWICKI & SONS SIGNS</u>	800.00	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

\$800.00

Enter this total
on line 6 of
Summary
Page

Page 3 of 3